## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number **10/535**536

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)  |  |                                  |  |                               |                     |                              |              | SMALL ENT           | TTY                    | OR                         | OTHER<br>SMALL E    |                        |
|--|--|----------------------------------|--|-------------------------------|---------------------|------------------------------|--------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |                                  |  |                               | ,,                  |                              |              | RATE                | FEE                    | ٠ ا                        | RATE                | FEE                    |
| BASIC FEE  |  |                                  | SMALL ENT. = \$ 150  |                               | LARG                | E ENT. = \$ 300              |              | BASIC FEE           | 150                    | OR                         | BASIC FEE           |                        |
| EXAMINATION FEE  |  |                                  | Satisfies PCT A  | ,                             |                     | er situations = 100 / \$ 200 |              | EXAM. FEE           | 100                    |                            | EXAM, FEE           |                        |
| SEARCH FEE   |  |                                  | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                               | ,                   | er situations = 250 / \$ 500 |              | SEARCH FEE          | 00C                    |                            | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |                                  | min  | us 100 =                      |                     | / 50 <del>=</del>            |              | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |                                  | 17 mi  | nus 20 =                      | •                   |                              |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |                                  | 4 0  | ninus 3 =                     | • 1                 |                              |              | X \$ 100 =          | 100                    | OR                         | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                   | ESENT  |                               |                     |                              |              | + \$ 180 =          | ·                      | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                  |  |                               |                     | '                            | TOTAL        |                     | OR                     | TOTAL                      |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |                                  |  |                               |                     |                              | SMALL ENTITY |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |
| AMENDMENT A  | Pro  | CLAIMS REMAINING AFTER AMENDMENT | ·  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA             |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATÉ .              | ADDI-<br>TIONAL<br>FEE |
|  | Total  | • 17                             | Minus  | * 4                           | 20                  | #                            |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | . 4                              | Minus  | *** <i>J</i>                  | <u> </u>            | •                            |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| ,  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                               |                     |                              |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|  |  |                                  |  |                               | ,                   |                              |              | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|  | •  | (Column 1)                       |  | (Colu                         | mn 2\               | (Column 3)                   |              |                     |                        |                            |                     | -                      |
| JOMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA             |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                                | Minus  | 84                            |                     | ė                            |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| AMEND  | Independent                                    | •                                | Minus  | ***                           |                     | -                            |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                               |                     |                              |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          | ·                      |
|  |  |                                  |  |                               |                     |                              |              | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  """ If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Reviously Paid For" (Tetal or Independent) in the highest number found in the appropriate box in column 1. |  |                                  |  |                               |                     |                              |              |                     |                        |                            |                     |                        |